

**PLEASE MAIL COMPLETE APPLICATION
PACKAGE TO:**

**OFFICE OF REGULATORY SERVICES
PERSONAL CARE HOME PROGRAM
2 PEACHTREE STREET NW
SUITE 31-447
ATLANTA, GEORGIA 30303-3167**



Jim Martin, Commissioner
Martin J. Rotter, Director

Georgia Department of Human Resources • Office of Regulatory Services • Personal Care Home Program
Two Peachtree Street, NW • Suite 31-447 • Atlanta, Georgia 30303-3167 • (404) 657-4076 • FAX (404) 657-3655

Dear Applicant:

Enclosed is your **INITIAL APPLICATION PACKAGE** for a permit to operate a Personal Care Home. All enclosed forms except the "RULES CHECKLIST" must be completed and returned to this office. The following steps should be followed.

1. Read the enclosed copy of the Rules and Regulations for Personal Care Homes, Chapter 290-5-35. Make sure you fully understand all the rules you are responsible for meeting as a licensed personal care home provider.
2. Read carefully and answer all questions on the enclosed copy of the "RULES CHECKLIST" for Personal Care Homes. This form is solely for your use in helping you determine if you meet the rules. **DO NOT RETURN IT.** If there are rules you do not meet, you are to start taking action to meet that rule or rules. After you have determined that you are in compliance with the rules, have obtained all other necessary inspections as identified on the "APPLICATION CHECKLIST," submit your completed application package to the Office of Regulatory Services (ORS). Staff will call you to schedule an initial on-site inspection. **NOTE:** Failure to demonstrate compliance during the initial survey may delay the issuing of your permit to operate a personal care home.
3. Ensure that you have met all local requirements. Local requirements vary by county and by cities within a county. Your plans may need to be reviewed by the county public health department or by a local or state fire safety inspector. You may need to meet local zoning requirements. You may be required to obtain a business license. There may be fees associated with various reviews, inspections, permits, or licenses. Check these local requirements out carefully.
4. Follow the enclosed instructions for processing criminal records check applications. Administrators and on-site managers must complete two (2) fingerprint cards and a Criminal Records Check (CRC) Application form and return it to ORS with the correct fees (\$3.00 for each CRC application with a check or money order payable to DHR and \$24.00 for each set of fingerprint cards with a money order **ONLY** payable to GBI). All other staff must have a criminal history record check from the local police department. **NOTE:** Incorrect CRC applications may delay the issuing of your permit.
5. Complete the application. Be sure to read the application fully, complete all blanks, and date and sign the application. Also carefully review and follow the **STEPS FOR SUCCESSFUL APPLICATION**. These steps advise you of other inspections that must be obtained and submitted as part of your application package.

6. Return the application, inspections and other materials required in your application package to the following address:

Personal Care Home Program
Office of Regulatory Services
2 Peachtree Street, N.W., Suite 31.447
Atlanta, Georgia 30303-3167

You are responsible for meeting all the Rules and Regulations for Personal Care Homes. Your signature on the application form certifies to the Department of Human Resources that you have read and that you do meet those rules.

The Department is responsible for inspecting all homes prior to licensure. You may also be inspected on an annual basis. All complaints received about the operation of a home are investigated by unannounced visits. **Your signature on the application form is also your consent for survey staff to visit your home at any time to investigate complaints as appropriate.** Please note that while most complaints may be investigated during normal business hours, some complaints may require visits on weekends or at night. You are expected to cooperate with all investigations.

- When your application has been deemed complete and in compliance with all requirements, you will receive a permit. Receipt of this permit is authorization to begin operation of your personal care home. Please allow adequate time for processing of your application.

If you cease operation of your personal care home or if you move, your permit is not transferable and should be returned to the Office of Regulatory Services. Again, your permit is not transferable to another individual or a new address. Additionally, if you move and your satisfactory fingerprint clearance is over a year old, you will be required to submit a new Criminal Records Check Application and finger print cards for the administrator and on-site manager and new Criminal Records Check Applications for all staff who have had a criminal records check determination prior to one year from the date of application.

If you have questions about the licensing process, you may contact a surveyor with the Office of Regulatory Services. **To assist you in completing the necessary forms or understanding the Personal Care Home Rules and Regulations feel free to contact an application specialist.** Once your application packet is completed an in-office conference may be arranged. Please contact the Office of Regulatory Services Personal Care Home Program at 404-657-4076 to schedule an appointment. An Indicator Manual has also been developed to explain the purpose or purposes of the rules and provide indicators, i.e. those things that a licensing surveyor will check to determine whether a rule is met or the ways a surveyor will check compliance with the rules. This manual is available, as well as other publications. See the enclosed order form to request additional information. Finally, training is provided on an annual basis. Request a training brochure or check the ORS web site at www2.state.ga.us/Departments/DHR/ORS for training information.

*****PERSONAL CARE HOME FACT SHEET*****

What is a Personal Care Home?

A Personal Care Home is a single home, building or group of buildings where personal care services are provided to two or more non-family adults.

What are personal care services?

Personal care services are provided to an individual who needs help with the essential activities of daily living. These essential activities of daily living include assistance with eating, bathing, grooming, dressing, toileting, and supervision of medications.

How many residents can I have in my home?

The number of residents you can have in your home is dependent on several factors. The home must provide a bathroom for every four residents and a tub/shower for every eight residents. The home must provide a living room, a dining area, a kitchen and a bedroom for all residents and any staff and family members who live in the home. The number of residents you can accommodate in each bedroom (up to a maximum of four residents) is based on the size of the bedroom (at least 80 square feet of useable floor space per resident). Closet and bathroom space is not included in the square footage requirement. The home must also have a fire inspection, and this inspection can also determine how many residents you can have. Local requirements may also restrict the number of residents you can have.

Will I be required to keep records?

There are several record keeping requirements. First, you must establish policies and procedures describing how you will operate your home. Second, you are required to maintain a file on every staff person and every resident. The home must also keep and maintain relevant documentation relating to the safe and efficient operation of the personal care home. The required paperwork is indicated in the Rules and Regulations for Personal Care Homes, Chapter 290-5-35.

Where do I get residents for my Personal Care Home?

The Office of Regulatory Services Personal Care Home Program does not place residents in personal care homes. The Personal Care Home provider is responsible for admissions into the facility.

What services are provided by a Personal Care Home?

Each personal care home must offer to the residents of the home, room, three meals and snacks daily, activities, and the amount of personal care and supervision needed by each resident. Personal care includes daily awareness of the residents functioning and whereabouts, assistance in the activities of daily living. The home must provide laundry services and must arrange for or provide transportation services. A personal care home cannot provide nursing or other medical services or admit and retain residents who need continuous medical or nursing care.

What are the general requirements for a Personal Care Home?

Equipment and Facilities: A personal care home is required to meet safety standards. Handrails are required on all stairs, grab bars in bathrooms. Non-skid surfaces must be used in bathing areas. Water temperatures cannot exceed 110 degrees Fahrenheit.

Employees and Managers: Staff persons are checked for previous criminal history, must have basic training in first aid, cardiopulmonary resuscitation, medical and social needs and characteristics of the resident population, evacuation plans, resident rights, the long-term care abuse reporting act, have a physical exam and TB screening, and 16 hours of continuing education yearly. A qualified staff person must be present and able to provide supervision to residents 24 hours per day.

Food Service: Each personal care home must provide three nutritious meals and two nutritious snacks each day to residents. Menus must be posted and maintained for at least 30 days. The home must have a three day supply of non-perishable foods for emergency needs. The temperature of the refrigerator must be 41 degrees Fahrenheit or below and freezers at 0 degrees Fahrenheit or below. A food service permit must be obtained for facilities serving more than 24 residents.

Health Care: A Personal Care Home may not provide medical or nursing care as a service of the home. Residents needing such care must arrange for these services through other sources. The facility must provide 24 hour supervision of residents and be capable of intervening in an emergency situation.

Are there other laws or ordinances that affect a Personal Care Home?

There are a variety of additional laws and regulations for personal care homes, depending on their size and location. Local zoning, fire safety, heating, and electrical standards must be met. If the proposed home is not served by public water and public sewer, the water supply and septic tank systems will need to be evaluated and approved by the public health department. If the facility serves more than twenty-four residents, the facility must obtain a "Certificate of Need" from the Department of Community Health, Division of Health Planning.

Why must I have a permit to operate a Personal Care Home?

Authority to require permits is based on the Official Code of Georgia Annotated, Sections 31-2-4, 31-7-2 and 31-7-12 as well as the Rules and Regulations for Personal Care Homes, Chapter 290-5-35, dated June 1994. It is unlawful to operate a personal care home without first obtaining the required permit. Failure to do so can subject the provider to fines of up to \$200 per resident per day.

How do I apply for a permit to operate a Personal Care Home?

Call the Office of Regulatory Services Personal Care home Program for an application package. The cost for this package is \$10.00 and is available by calling 404.657.4076. You may also schedule an in-office review of your application materials at the number above.

STEPS FOR SUCCESSFUL APPLICATION

- 1. Become familiar with the Rules and Regulations for Personal Care Homes, Chapter 290-5-35.**
- 2. Review the Licensing Application Package.**
- 3. Become familiar with local and state ordinances, where applicable. Examples may include fire, zoning, building and health regulations. IF THE HOME IS SERVED BY WELL WATER OR A SEPTIC TANK YOU MUST CONTACT THE COUNTY HEALTH DEPARTMENT TO CONDUCT A WATER TEST OR SEPTIC TANK APPROVAL**
- 4. Select a site and plan the facility.**
- 5. Review the directions for completing the application form.**
- 6. Conduct self-study for compliance with the rules by reviewing DHR Rules and Regulations, Chapter 290-5-35.**
- 7. Submit the completed application package (described below in I. A through L). Submit a map and detailed directions to the facility with the application package.**
- 8. When you receive your permit, post it in a prominent place in the facility.**
- 9. Begin operation.**
- 10. Follow the steps below for completing an initial application for a new personal care home.**

I. INITIAL APPLICATION FOR A NEW FACILITY/HOME:

A. The Application Form

What ORS checks:

- 1. Verify the telephone is listed**
- 2. Legal documentation of ownership**
 - a) If a corporation – include Certificate of Incorporation and Articles of Incorporation for all corporations having an interest in the home**
 - b) If a Partnership – include Partnership Agreement**
 - c) If a Limited Liability Company (LLC) – include Certificate of Organization and Articles of Organization for all LLCs having an interest in the home**

- E. Staff Survey Form (See Attachment #III for Form)**
What ORS checks:
- 1. The on-site manager is indicated (each home must have a separate on-site manager)**
 - a. Social Security Number and Date of Birth**
 - b. A satisfactory fingerprint check and criminal record check**
 - c. Form should be signed by the manager**
- F. Criminal Records (Forms and Fingerprint Cards Enclosed)**
What ORS checks:
- 1. A set (two fingerprint cards) for each administrator and on-site manager**
 - 2. A \$24.00 money order (only) for each set of fingerprint cards made payable to G.B.I.**
 - 3. A completed and notarized criminal records check application for each administrator and on-site manager**
 - 4. A \$3.00 check or money order for each criminal records check application made payable to DHR**
 - 5. All other staffs' criminal records checks should be done through the local police department using the DHR criminal records check application**
 - 6. If you have had a criminal records check in the past for child care you must repeat it for a personal care home**
 - 7. If you have had a criminal records check at another personal care home that is more than one year old; you must repeat the criminal records check process**
- G. Certificate of Need**
Required for homes with more than 24 beds
- 1. Contact George Newby with the Department of Community Health (404)656-0655.**
- H. Food Service Permit**
Required for homes with more than 24 beds
- 1. If meals are prepared in site you will need a food service permit (contact your County Health Department)**
 - 2. If meals are going to be prepared at another location you must submit a copy of their food service permit and their approval to cater meals. Also, submit detailed information to ORS regarding how the food will be transported and how the proper temperatures will be maintained**

- I. **Well Water and Septic Tank Inspection/Approval (Attachment #IV)**
 - 1. **Submit written approval of the water source if from other than a city or county water system**
 - 2. **Submit written approval from the County Health Department for the sewage disposal system, including the number of persons the system is approved to serve, if other than a city or county sewage system**
- J. **Develop and submit a copy of the required policies and procedures with your application. (Copy will not be returned). (POLICIES AND PROCEDURES MUST BE DEVELOPED PRIOR TO GRANTING A PERMIT)**
 - 1. **Refer to pages 10-11 of the Personal Care Home Rules Indicator Manual for policies and procedures required (Attachment # V)**
 - 2. **Submit a copy of the written disaster preparedness plan which must be approved by the Department (Will not be returned)**
- K. **Submit a copy of the Admission Agreement to be used by the facility.**
- L. **ORS Inspection**
 - 1. **This inspection will be scheduled after A through J (as applicable) have been submitted to ORS**
NOTE: Please ensure that items A-J are complete prior to requesting the initial inspection. Any follow-up visit required may delay the issuing of the permit

II. APPLICATION FOR CHANGE IN GOVERNING BODY

- A. **The Application Form**
 - 1. **Indicate the name of the previous governing body/owner**
 - 2. **Indicate the name of the new governing body/owner**
- B. **Copy of the Bill of Sale or Lease Agreement**
- C. **Legal documentation of ownership**
 - a) **If a corporation – include Certificate and Articles of Incorporation for all corporations having an interest in the home**
 - b) **If a legal partnership – include Partnership Agreement**
 - c) **If a Limited Liability Company (LLC) – include Certificate of Organization for all LLCs having an interest in the home.**
- D. **Staff Survey Form (if there has been an on-site manager or administrator changes)**

E. Criminal Records (Forms and Fingerprint Cards Enclosed)

What ORS checks:

- 1. A set (two fingerprint cards) for each administrator and on-site manager**
- 2. A \$24.00 money order (only) for each set of fingerprint cards made payable to G.B.I.**
- 3. A completed and notarized criminal records check application for each administrator and on-site manager**
- 4. A \$3.00 check or money order for each criminal records check application made payable to DHR**
- 5. All other staffs' criminal records checks should be done through the local police department using the DHR criminal records check application**
- 6. If you have had a criminal records check in the past for child care you must repeat it for a personal care home**
- 7. If you have had a criminal records check at another personal care home that is more than one year old; you must repeat the criminal records check process**

F. Certificate of Need (for homes with 25 or more beds, within 45 days of the date of the application the facility must inform the Division of Health Planning of the new governing body/owner)

G. Food Service Permit (the facility must contact the County Public Health Department and request a Food Service Permit in the new governing body/owner)

III. APPLICATION FOR CHANGE IN NAME OF GOVERNING BODY

A. The Application Form

- 1. Indicate the previous name of the governing body**
- 2. Indicate the new name of the governing body**
- 3. Submit legal documentation of ownership**
- 4. Submit a list of who owns 10% or more:**

IV. APPLICATION FOR A CHANGE IN THE NAME OF THE FACILITY

A. The Application Form

- 1. Indicate the new name**
- 2. Indicate the old name**

V. APPLICATION FOR CHANGE IN ADDRESS OF FACILITY (NOT LOCATION)

- A. The Application Form**
 - 1. Include the new address**
 - 2. Include the old address**
 - 3. Submit documentation regarding why the address has changed**
 - 4. ORS will verify with the Post Office that the home has not changed location**

VI. APPLICATION FOR A CHANGE IN LOCATION OF THE FACILITY

- A. Treat as an application for a new home (I. A through L)**

VII. APPLICATION FOR AN INCREASE IN CAPACITY

- A. Complete the Application Form like you would for a new facility**
 - 1. Include the new capacity**
 - 2. Include the old capacity**
- B. Fire Safety Inspection:**
 - 1. Indicating compliance with NFPA 101, Life Safety Code**
 - 2. No violations on the report**
 - 3. Capacity load indicated by the inspector**
 - 4. Report is signed and dated**
 - 5. The if you have any questions regarding the appropriate fire authority contact the State Fire Marshall's office at (404-657-7281)**
 - 6. For facilities with 2-3 residents, contact ORS for an Inspection Report Form**
- C. Electrical Inspection (See Attachment #1 for Inspection Form)**
 - 1. Necessary only if facility has had structural changes since receiving initial permit. (If necessary follow instructions as for an initial application (I C.))**
- D. Floor Plan (See Attachment #II for Example)**
 - 1. Submit an updated floor plan showing where the additional residents will reside. Follow instructions as for an initial application (I D.)**
- E. Staff Survey Form (See Attachment #III for Form)**
 - 1. Follow directions as for an initial application (I E.)**

- F. Certificate of Need**
 - 1. Required for homes with more than 24 beds. Contact Doris Berry at the Department of Community Health (404) 656-0462**
- G. Septic Tank Inspection/Approval (See Attachment #IV)**
 - 1. Follow directions as for an initial Application (I I.)**
- H. ORS Inspection**
 - 1. This inspection will be scheduled after A-I are complete (as applicable) and have been submitted to ORS**

Personal Care Home Application Checklist

For an initial permit to operate a personal care home, please submit the following information:

- ___ 1. Application – completed and signed by the Governing Body Representative
If a corporation – include Certificate of Incorporation and Articles of Incorporation for ALL corporations having an interest in the personal care home
If partnership – include Partnership Agreement
If Limited Liability Company (LLC) include Certificate of Organization and Articles of Organization for ALL LLCs with an interest in the personal care home
If a non-profit – documentation of non-profit status [501(c)3]
- ___ 2. Fire Safety Inspection Report with no violations or hazards identified noted from the appropriate fire safety authority and the inspector must indicate the occupant load.
- ___ 3. Electrical Service Inspection Report with no violations or hazards identified from a Georgia licensed electrician and including the electrician's State license number
- ___ 4. Floor Sketch (including labeling of the rooms, room measurements, location of all doors, windows and bed placement for residents, family and staff)
- ___ 5. Personal Care Home Staff Survey Form
- ___ 6. Criminal Records Check Application (for all administrators and on-site managers)
(All other employees should take the DHR CRC Application to the local police dept.)
- ___ 7. Check or money order made payable to Georgia Department of Human Resources (DHR) for \$3.00 for each Criminal Records Check Application **(DO NOT COMBINE FEES FOR CRCs WITH FEE FOR APPLICATION PACKAGE.)**
- ___ 8. A set (two cards) of Fingerprint Cards for the administrator(s) and on-site manager(s)
- ___ 9. Money Order only made payable to Georgia Bureau of Investigation (GBI) for \$24.00 for each set of fingerprint cards
- ___ 10. Food Service Permit (for PCHs with 25 or more residents) from the local Health Department
- ___ 11. Certificate of Need (for PCHs with 25 or more residents) from the State Health Planning Agency (SHPA) for more information call (404) 656-0655
- ___ 12. Written approval for water source and sewage disposal system
- ___ 13. A copy of the required eleven Policies and Procedures and Disaster Preparedness Plan.
- ___ 14. A copy of the Admission Agreement to be used by the facility.
- ___ 15. Please submit written directions to your facility from Atlanta.
- ___ 16. When all of the above information has been submitted, an ORS surveyor will contact you to schedule an on-site inspection.



PERSONAL CARE HOME APPLICATION



CHECK ALL THAT APPLY

☐

New Permit

☐

Change Governing Body (ownership)

☐

Change Governing Body Name

☐

Change of PCH Name

☐

Change of Address (not location)

☐

Change of Capacity

☐

Other _____

1. Name of Home		(Area Code) Telephone	
2. Home Address	Street	City	County Zip
3. Governing Body		(Area Code) Telephone	
4. Address	Street	City	County Zip
5. Type of Ownership	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Government
	<input type="checkbox"/> Church	<input type="checkbox"/> Other	
6. Registered Agent for Service (for Corporation)			
7. Attach list of names, addresses, and telephone numbers of individuals or organizations having a 10% or more ownership interest in the facility.			
8. Attach a floor sketch of the entire facility (including multiple floors and buildings) and identify each room and the locations of windows and doors, room measurements, and bed placements for residents, family, and staff.			
9. Requested Capacity (specific # of residents)		10. Facility or Governing Body E-mail Address	

11. Change in Capacity From _____ To _____	12. Previous Governing Body
13. Previous PCH Name	14. Previous PCH Address

15. The above information is true and correct to the best of my knowledge. I understand that submitting false information may result in denial of my application.	
Print Name _____	Date _____
Signature of Governing Body Representative _____	

**CORPORATION DOCUMENTS TO BE SUBMITTED FOR ALL LEGAL
CORPORATIONS HAVING AN INTEREST IN THE FACILITY**

CORPORATIONS:

**Certificate of Incorporation
Articles of Incorporation**

LIMITED LIABILITY COMPANY

**Certificate of Organization
Articles of Organization**

LEGAL PARTNERSHIP

Partnership Agreement

NON-PROFIT

Documentation of Non-Profit Status (501(c)3)

12/01/02

ELECTRICAL INSPECTION COMPLIANCE FORM

NAME of HOME: _____

ADDRESS: _____

OWNER: _____

OWNER'S CURRENT ADDRESS: _____

OWNER'S PHONE #: _____

TO BE COMPLETED BY THE ELECTRICIAN

I, _____ have inspected the electrical system at the above listed home and have determined that the electrical system is maintained in a safe condition and is free of hazards.

Signature: _____

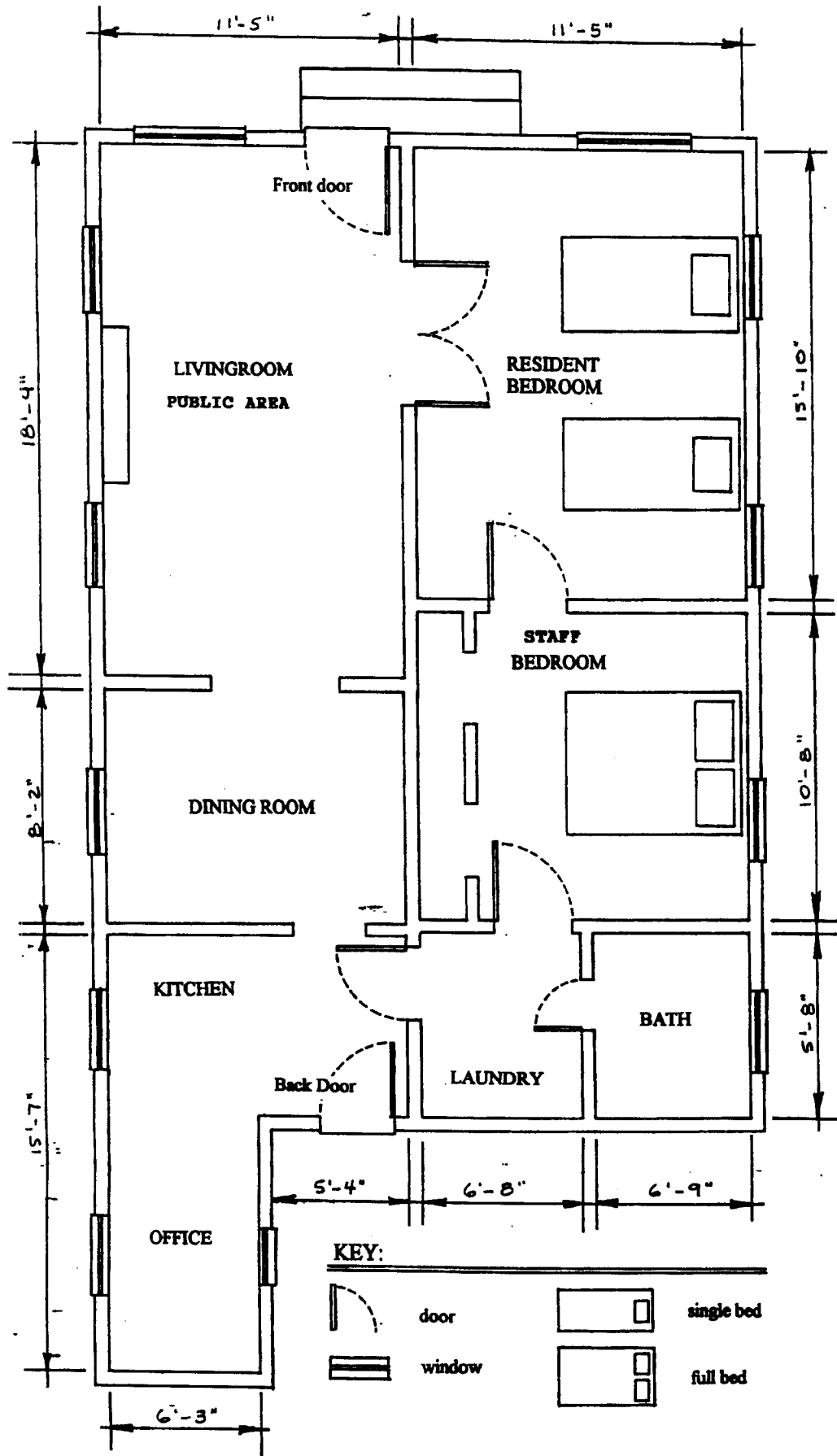
Printed Name: _____

Date of Inspection: _____

Georgia State License #: _____

Phone #: _____

1/01/03



City/Town _____ Zip _____ Telephone _____

[illegible]

Date _____

Water and Septic Tank Report Form

Water and sewage systems must meet applicable federal, state and local standards or regulations. The County Environmentalist from the County Public Health Department in which the Home is located should complete this report form. The form should be included in your application package submitted to ORS.

To be completed by applicant:

Name of Home: _____

Address: _____ City: _____

County: _____ Telephone: _____

To be completed by the County Environmentalist:

WATER (check only one):

_____ The home's water supply is from an approved source.

_____ The home's well has been tested and the report is attached.

SEWAGE (check only one):

_____ The home is connected to a public or community sewage disposal system.

_____ The home is served by an on-site sewage system adequate for proposed use for _____ residents.
Maximum Number of Residents

County Environmentalist: _____
Print Name

Signature: _____ Date: _____

01/01/03

The name of the administrator must be submitted with an application for a permit. Once a home is permitted, when the administrator changes, the home must obtain a satisfactory fingerprint record check from DHR. [see Rule .14 (7)]

INDICATOR

Check application for name of administrator and verify submission of a fingerprint records check application. During inspection, confirm identity of administrator by reviewing personnel records. Verification may include a satisfactory fingerprint records check or signed job description. Such documentation must be on site at the home.

290-5-35-.06 Administration.

- (1) Prior to being granted a permit each home shall develop a written statement of policies and procedures outlining the responsibilities of the management and of the residents and which insure compliance with the Rules and Personal Care Homes. The staff shall include procedures for handling acts committed by staff or residents, which are inconsistent with the policies of the home.

INTENT

The purpose of this rule is to ensure that an applicant for permit demonstrates an understanding of the basic requirements for operation and management of the home and has implemented related policies and procedures.

EXPLANATION

The personal care home must develop written policies and procedures appropriate to the size of the home and the resident population. In a minimum, the policies and procedures must include the following:

1. How the home handles acts committed by staff or residents which are inconsistent with the policies of the home; this means what action the home takes when a resident or staff member do not follow the rules and policies and procedures of the home [see Rule .06 (1)].
2. What personal services the home intends to provide residents [see Rule .12].
3. How the home will insure that all staff receive work-related training acceptable to DHR within the first sixty days of employment [see Rule .14 (2)].

4. How the home handles admissions [see Rule .15 and .16].
5. How the home insures that it does not admit and retain residents who needs care that the home can not provide [see Rule .15 (2)].
6. How the home handles refunds when a resident is transferred or discharged [see .16 (1)(f)] or dies [see Rule .22(2)].
7. House rules which at a minimum must include policies on the use of tobacco and alcohol; the time and frequency of use of the telephone; visiting hours; volume for viewing and listening to television, radio and other audiovisual equipment; and the use of personal property. Such house rules must be posted in the home [see Rule .16(1)(h)].
8. How the home guarantees the rights of all residents [see Rule .18].
9. If the home supervises the self-administration of medications [see Rule.19 for guidance].
10. How the home handles, investigates, and report accidents, injuries, and changes in a resident's condition, including death [see Rule .21 and .22].
11. How the home handles discharges and immediate transfers of residents [see Rules .23 and .24].

No policy established by the personal care home can violate resident rights, other laws or regulations.

Policies and procedure must be developed prior to granting a permit. They will be reviewed during the annual on-site visit and may be requested during any complaint investigation or follow-up visit.

POLICIES AND PROCEDURES CHECKLIST

Facility Name _____ Survey Date _____

County _____ Surveyor _____

✓ Check "YES" or "NO" to determine if facility has a set of policies and procedures that are acceptable to the Department. The policies and procedures can not violate Resident's Rights or other laws or regulations.

POLICY AND PROCEDURE	YES	NO	COMMENTS
1. How the home handles acts committed by staff or residents which are inconsistent with policies of the home. [see Rule .06(1)]			
2. What personal services the home intends to provide. [see Rule .12]			
3. How the home will ensure staff are trained. [see Rule .14(2)]			
4. How the home handles admissions. [see Rule .15 and .16]			
5. How the home ensures that it does not admit or retain residents who need more care than the home can provide. [see Rule .15 (2)]			
6. How the home handles refunds when a resident is transferred, discharged or dies. [see Rule .16(1) (f) and Rule .22(2)]			
7. House rules are posted and address the following: [see Rule.16(1) (h)] a. Use of tobacco b. Use of alcohol c. Use of telephone d. Visiting hours e. Television, radio and other audiovisual equipment and volume f. Use of personal property			
8. How the home guarantees the rights of residents. [see Rule .18]			
9. How the home supervises medications. [see Rule .19]			
10. How the home handles, investigates and reports accidents and injuries and changes in a resident's condition, including death. [see Rule .21 and.22] a. How the home handles a change in a resident's condition 1) Obtain needed care 2) Notify family 3) Keep records 4) Investigate cause of accident 5) Maintain incident reports and			

keep copy in resident's file and central file. b. How the home handles the death of a resident 1) Notify physician, family, etc 2) How/when money is refunded			
11. How the home handles discharges/transfers and immediate transfers of residents. [see Rule .23 and .24] a. Discharges/transfers: 1) 30 day notice except for emergencies 2) Transfer of record 3) How/when money is to be refunded b. Immediate transfer of residents: 1) Under what conditions 2) Based on the written admission agreement 3) Defines responsibilities 4) How/when money is to be refunded			

Approved by: _____ Date: _____

DISASTER PREPAREDNESS PLAN

Facility: _____ County: _____

Surveyor: _____ Date Reviewed: _____

1. Is the plan approved by person/persons legally responsible for home's operation. Yes ___ No ___
2. Does the plan designate who has primary responsibility for rehearsals and implementation of plan? Yes ___ No ___
3. Does the plan stipulate that any subsequent change be forwarded to the Department for approval? Yes ___ No ___
4. Does the plan identify emergency situations to be addressed? And for each emergency situation does the plan identify how the emergency procedures are carried out? Yes ___ No ___

	Emergencies Identified	Procedures Identified
A. Fire	Yes ___ No ___	Yes ___ No ___
B. Explosion	Yes ___ No ___	Yes ___ No ___
C. Bomb Scare	Yes ___ No ___	Yes ___ No ___
D. Missing Resident	Yes ___ No ___	Yes ___ No ___
E. An interruption of each utility		
1. Electricity	Yes ___ No ___	Yes ___ No ___
2. Gas	Yes ___ No ___	Yes ___ No ___
3. Other Fuel	Yes ___ No ___	Yes ___ No ___
4. Water	Yes ___ No ___	Yes ___ No ___
F. Loss of:		
1. Air Conditioning	Yes ___ No ___	Yes ___ No ___
2. Heat	Yes ___ No ___	Yes ___ No ___
G. Floods	Yes ___ No ___	Yes ___ No ___
H. Severe Weather	Yes ___ No ___	Yes ___ No ___
I. Physical Damage to Home	Yes ___ No ___	Yes ___ No ___
5. Does the plan contain written procedures which address:		
A. Assigning responsibility to staff members		Yes ___ No ___
B. Care of residents		Yes ___ No ___
C. Notification of resident physician and responsible party		Yes ___ No ___
D. Arrangement of transportation & hospitalization		Yes ___ No ___
E. Availability of appropriate records		Yes ___ No ___
F. Alternate living arrangements		Yes ___ No ___
G. Emergency energy sources		Yes ___ No ___
6. Does the plan outline:		
A. Frequency of Rehearsals		Yes ___ No ___
B. Procedures to follow during rehearsals		Yes ___ No ___
7. If plan is contingent on services/resources of other agencies/facilities/institutions, a written agreement with each agency is attached the plan.		Yes ___ No ___
8. Does plan contain statement that the Department will be notified within 24 hours if an emergency situation occurs which dictates implementation of plan and results in injury or loss of life.		Yes ___ No ___
9. Does plan stipulate that when other emergency situations dictate implementation of plan, a written incident report and critique of performance under that plan be done.		Yes ___ No ___
10. Does the plan specify the records to be kept and made available to the Department upon request?		Yes ___ No ___
A. Copy of plan		Yes ___ No ___
B. Records of Rehearsals		Yes ___ No ___
C. Records of incidents requiring implementation of the plan.		Yes ___ No ___

Approved by Surveyor: _____ Date Approved: _____

01/01/03

HOW TO READ A CRIMINAL HISTORY REPORT

STEP 1: HAVE CRIMINAL HISTORY REPORT RAN BY A LAW ENFORCEMENT AGENCY¹

STEP 2: VERIFY NAME, SSN, DATE OF BIRTH ON THE APPLICANT'S CRIMINAL HISTORY REPORT.

STEP 3: CHECK THE INTERSTATE IDENTIFICATION INDEX. THIS INDEX APPEARS JUST BELOW THE IDENTIFYING INFORMATION ABOUT THE APPLICANT. THE INDEX MAY BE BLANK, SHOW SINGLE STATE OFFENDER RECORD OR MULTI-STATE OFFENDER STATUS. THESE TERMS MEAN:

- SINGLE STATE OFFENDER- APPLICANT HAS A RECORD IN STATE OF GEORGIA
- MULTI-STATE OFFENDER-INDICATES APPLICANT HAS A RECORD IN ANOTHER STATE OR SOMETHING ON HIS FBI REPORT- YOU WOULD NEED TO REQUEST FINGERPRINT CARDS
- BLANK- NO INFORMATION. TREAT AS SINGLE STATE OFFENDER

STEP 4: IDENTIFY ANY ARRESTS AND CHECK FOR ANY "COVERED CRIMES"². WHEN LOOKING AT THE CHARGES CONSIDER THE INFORMATION LISTED BELOW:

- 1) ARREST 01-ARREST NUMBER-IF APPLICANT HAS MORE THAN ONE ARREST, THE ARRESTS WILL BE IN CHRONOLOGICAL ORDER.
- 2) ARREST DATE-THE DATE THE APPLICANT WAS ACTUALLY ARRESTED.
- 3) AGENCY-AGENCY WHICH ARRESTED THE APPLICANT, USUALLY A POLICE DEPT. OR SHERIFF'S OFFICE
- 4) CHARGE-THE ACTUAL CRIME THE APPLICANT WAS CHARGED WITH OFFENSE DATE-THE DATE THAT THE CRIME WAS COMMITTED
- 5) JUDICIAL-STARTS THE COURT INFORMATION
- 6) DISPOSITION-SHOWS THE FINAL RESOLUTION (SEE EXAMPLES OF COMMON DISPOSITIONS)
- 7) COURT DATE-SHOWS THE ACTUAL DATE THE APPLICANT WENT TO COURT.
- 8) OFFENSE-SHOWS THE ACTUAL OFFENSE THE APPLICANT WAS SENTENCED FOR. (SOMETIMES, THE CHARGE WILL DIFFER FROM THE OFFENSE. USE THE OFFENSE THAT THE APPLICANT WAS CONVICTED OF TO DETERMINE IF THE APPLICANT'S RECORD CHECK IS SATISFACTORY)
- 9) COURT-SHOWS THE COURT WHERE THE ACTUAL CASE WAS TRIED
- 10) DISCLAIMER AND AWARENESS INFORMATION.
- 11) END OF RECORD

STEP 5: IF THERE IS A COVERED CRIME, DISCUSS WITH APPLICANT AND OBTAIN WRITTEN DOCUMENTATION SHOWING THAT THIS CRIME SHOULD NOT KEEP THE APPLICANT FROM WORKING IN A PERSONAL CARE HOME. DO NOT HIRE UNTIL YOU CAN DETERMINE FROM WRITTEN DOCUMENTATION THAT EITHER THE CHARGE WAS DISMISSED OR AN ADMINISTRATIVE LAW JUDGE HAS DETERMINED THAT THE APPLICANT SHOULD BE PERMITTED TO WORK IN A PERSONAL CARE HOME.

¹ Law Enforcement Agency is your local police department. If you go through a private agency that agency must receive the criminal history report through the law enforcement agency.

² Covered Crime, as outlined in O.C.G.A. Section 31-7-250, is a crime that would preclude employment in a licensed facility. You can also see the list of covered crimes by referring to Frequently Asked Questions About Criminal Records Check Requirements for Personal Care Homes, Q.33.

ACRONYMS, DEFINITIONS & DISPOSITIONS

ACRONYMS

MISD-Misdemeanor

FEL-Felony

TXT-Theft by Taking

VGCSA-Violation of Georgia's Controlled Substance Act

SID-State Identification Number

DEFINITIONS

ACQUITTAL-A verdict of not guilty

ADJUDICATE-To give judgment; to render or award judgment

CONVICTIONS-An adjudication that a person is guilty of a crime based upon a verdict.

DISMISSAL-To discontinue; to order a cause, motion, or prosecution to be discontinued, quashed, or dismissed as finally adjudicated against the plaintiff.

FELONY—A serious offense, which, in Georgia, carries a sentence of 1 year or more.

¹MULTI-STATE OFFENDER- identifies an applicant who has an arrest in another state.

DISPOSITIONS YOU CAN EXPECT TO SEE ON A CRIMINAL HISTORY

DISM-Dismissed/Dismisal

NPGJ-Not Presented to the Grand Jury-Treat as a dismissal

NFAA-No Further Action Anticipated-Treat as a dismissal

NO BILL-Treat as a dismissal

NOLO CONTENDERE-treat as a conviction

NOLLE PROSEQUI/NOLLE PROSSED-Treat as a dismissal

NOT GUILTY

FIRST OFFENDER-treat as a conviction unless it shows that there was a successful completion of the program or an order of discharge. First offender status can be revoked; discharged or completed.

¹ If an applicant is identified as a multistate offender, a records check application, two fingerprint cards along with the appropriate fees should be submitted to DHR for processing.

**FREQUENTLY ASKED QUESTIONS
ABOUT CRIMINAL RECORDS CHECK REQUIREMENTS
FOR PERSONAL CARE HOMES**

GENERAL INFORMATION:

1) What is a criminal records check?

A criminal records check, as it relates to personal care homes, is a search of the GCIC (Georgia Crime Information Center) database done by either the Department of Human Resources, Office of Regulatory Services (ORS) or the local law enforcement agency (police department) as required. A preliminary records check is done by inquiry of the GCIC database without fingerprints, based on name, social security number, date of birth, etc. A fingerprint criminal records check is done using the fingerprints of the individual by the Georgia Bureau of Investigation and the Federal Bureau of Investigation in response to a request by ORS.

2) Who has to have a criminal record check done?

The director or onsite manager of the personal care home and any person utilized by a personal care home to provide personal services to a resident on behalf of the personal care home or to perform any duties at the personal care home which involve personal contact with any paying resident.

3) What kind of criminal records checks are required?

Directors or on-site managers of a personal care home must have a preliminary records check and a fingerprint records check done by ORS. A director or on-site manager may not work until the satisfactory preliminary records check determination is received from ORS.

Potential employees must have a preliminary records check done by local law enforcement (police department). It must be run by local law enforcement using the GCIC system. (ORS no longer does the routine preliminary records checks for all potential employees as a result of a new law that went into effect July 1, 2002.) This records check with satisfactory results must be done before the potential employee begins working for the personal care home.)

4) If ORS is no longer doing the preliminary records checks for potential employees, who determines whether the potential employee has a criminal record?

It is the responsibility of the owner of the personal care home license, or designee, e.g. director or manager, to review the GCIC record obtained from local law enforcement and determine whether the potential employee has a criminal record under the personal care home law. If the potential employee has a record on one of the "covered crimes" for personal care homes, the person may not work in a personal care home where the person will have contact with the residents until it is determined that the charge has been dismissed or a hearing has been held and the person is permitted to work despite having the criminal record.

5) How long is a Satisfactory Criminal Records Determination good for?

It depends. Generally, a satisfactory criminal records check is good for 12 months. So if you move to another employer within the 12 months, you normally would not have to have your criminal records check completed again. You should have a copy of your satisfactory letter for the new employer. If you stay with the same employer the whole time, you normally do not have to get another criminal records check done, unless requested because of a questioned identity or an abuse investigation, etc.

READING A CRIMINAL HISTORY RECORD:

6) What do I look for when I do a criminal background check?

All criminal background checks must be screened using the list of crimes that are referenced in O.C.G.A. Sec. 31-7-250 and multistate offender status. The crimes that are listed in the law are referred to as "covered crimes" by us. If the applicant has been arrested, charged or convicted of one of the listed "covered crimes," then that person's criminal record is determined to be unsatisfactory. If the GCIC record shows that the applicant is a multistate offender, it means that the applicant was arrested for a crime in another state. You cannot hire someone with a "multistate offender status" without having a fingerprint check done through ORS. The applicant will be required to submit 2 fingerprints cards and have the GBI/FBI records reviewed by ORS before a satisfactory clearance will be issued.

7) What are covered crimes?

Covered crimes, as outlined in O.C.G.A. Sec. 31-7-250, are crimes that will preclude an applicant from being employed in a licensed facility. A list of the covered crimes appears at the end of these questions and answers.

8) How long do an arrest and conviction stay on my criminal history?

An arrest and/or conviction can stay on your criminal history indefinitely.

9) At what age does an arrest go on my criminal history record?

Generally, any arrest or fingerprintable offense committed after the age of 18 will show up on your GCIC record unless the arrest record is expunged in some way. In some instances, arrests for persons under the age of 18 will appear on the GCIC record if the person was charged as an adult.

10) What should I look for if I am reading a criminal history record?

You must look for any covered crime as outlined in O.C.G.A. Sec. 31-7-250 that has not been favorably disposed of. (See list of COVERED CRIMES at end of these questions). You must also check the print out of the criminal history record for the Interstate Identification Index to determine if the applicant is a multistate offender. This means the applicant was arrested in another state. A fingerprint check would be required.

11) Who do I call if I have a questions concerning reading a criminal history record?

You should call the Personal Care Home Program office at 404/657-4076. They may be able to provide you with the necessary guidance.

12) If an applicant has a covered crime and the GCIC record does not show that the charge was dismissed but the applicant tells me it was, what must I do?

To be sure that the crime has been dismissed, the applicant must get a copy of the court record showing the charge was dismissed. If the charge was dismissed, then you are free to hire the applicant. Make sure you attach the court information to the criminal history record and keep it on file. If you are submitting the record to DHR for review, the court records must be certified copies, i.e. the copies must be official copies obtained from the court and have the clerk of court's stamp on the records certifying them to be true and correct copies.

13) If I have submitted court information concerning an arrest and have previously gotten a clearance to work in a personal care home, do I have to resubmit that information each time I apply to work in a licensed facility?

Yes, each time you submit a criminal records check application to DHR you should attach a signed affidavit as outlined on the criminal records check application or certified copies of any and all arrests and dismissals that you know of. This will aid in speeding up the process of your criminal records check application.

14) Can DHR remove information from my criminal history record once I have shown DHR that the charge was dismissed?

No, DHR cannot take anything off your criminal history record. DHR can only access the information that is already on your criminal history record. Only the GBI under certain circumstances with information received from the courts can take any of the information off the GCIC criminal history record where good cause is shown.

15) How can I get information updated on my criminal history record?

If you want to get your criminal history record updated, you should go back to the court where you were originally charged and ask them assist you in getting you GCIC record updated to reflect the current status of your case.

16) Where do I mail the records check applications for directors and potential employees whom I want to hire but have determined that they may have a covered crime?

Criminal records check applications, with the correct fee should be mailed to:

*Department of Human Resources
Office of Regulatory Services
Criminal Records Section
Two Peachtree Street, NW
Suite 32-415
Atlanta, GA 30303-3142*

- 17) Where do I order more records check applications and fingerprint cards? Is there a fee for them?

Records check applications can be ordered by sending in a request or calling the Personal Care Home Program at 404/657-4076.

No, there is no fee for obtaining the blank fingerprint cards or Records Check Application. When you submit the completed application and fingerprint cards to DHR, you must enclose the required fees. You must also use the DHR form when submitting records check applications to DHR.

- 18) How long does it currently take ORS to process a records check application for an employee?

Currently, it takes DHR about 6 to 8 weeks from receipt to process a criminal records check on an employee if it is a very routine records check. This time can be extended if there are unique circumstances associated with each application e.g. there is a covered crime listed but it is only an arrest and we are trying to determine whether the charge was dismissed, fingerprint cards are required, fingerprint cards are smudged, etc. This is only an estimate. Actual time depends on the number of applications received and whether all computer systems are functioning properly. However, we expect that time will be drastically reduced with the changes in the new law and as employers get more familiar with the law.

- 19) If I will be the director of the personal care home, can I start working with just a satisfactory preliminary records check?

Yes, a satisfactory preliminary records check determination satisfies the state's requirements to start working in a personal care home as a director. However, if a fingerprint records check comes back as unsatisfactory, you will have to quit working until it is resolved.

- 20) If a potential employee had a satisfactory from another facility before July 1, 2002 and applies to work for me now, can I assume that his or her criminal record check will be satisfactory again?

No. You cannot assume that it will be satisfactory again. The law changed on July 1, 2002. New crimes, such as drug charges, were added to the list of covered crimes that would prohibit a person from working in a personal care home and some crimes were dropped, such as misdemeanor theft by taking charges. When reading the criminal record, you must apply the law as it exists now.

FEES:

- 21) What are the fees for processing records checks and fingerprint cards?

There are two sets of fees, one for the preliminary records check and one for the fingerprints records check. The fee for the preliminary records check (State check not including fingerprints) for an employee or director is \$3.00 for each applicant request submitted. Check or money order must be made payable to DHR.

The fee for a fingerprint records check, for either an employee or a Director is \$24.00 MONEY ORDER ONLY, and the money order must be MADE PAYABLE TO GBI ONLY.

22) When I am submitting fingerprint cards along with a records check application, why can't I send a money order for \$27.00?

\$3.00 is the payment to DHR for processing of the preliminary records check application and \$24.00 is the payment to GBI for processing of the fingerprint cards. They cannot be combined in the same money order because the funds are received by two separate state agencies.

23) What is an affidavit and where do I get it from and do I have to get it notarized?

An affidavit is a signed statement in writing that is made under oath or affirmation before some person legally authorized to administer an oath or affirmation, for example a notary. A potential employee must submit the criminal records check application with an affidavit explaining any convictions for crimes, etc.

FINGERPRINT CARDS:

24) How long does it take to get results back from GBI/FBI?

It depends on the amount of backlog that the GBI/FBI has, but on an average, it takes between 2 to 4 weeks to receive a response from the GBI and 4 to 6 weeks to receive a response from the FBI.

25) Why do I have to submit two completed fingerprint cards?

Two (2) fingerprint cards are needed because DHR sends one card to the GBI and one card is sent to the FBI. GBI does the state fingerprint check and the FBI does the national fingerprint check.

26) Can I use fingerprint cards from the police department to submit to DHR?

No. Fingerprint cards must be obtained from DHR. Most cards have a special number on them that identifies the agency where the cards were obtained and lets GBI/FBI know where to send the results. If you get fingerprint cards from the police department, the police department's identifying information will be on the cards, instead of DHR, and the results will be sent back to the police department. The police department is under no obligation to submit this information to DHR or the applicant.

27) Can I submit my fingerprint cards directly to the GBI/FBI?

No, you can't. You must send them through DHR if you are a licensed facility. Fingerprint cards cannot be sent directly to the GBI/FBI. If the GBI/FBI receives fingerprint cards directly from an applicant GBI will usually send the complete packet unprocessed to DHR for processing—which will result in more delays.

28) As a director coming from another facility do I have to do my fingerprints over?

It depends. If it has been less than a year since you received a satisfactory fingerprint check determination, you do not have to have your fingerprints done over again as long as you can show proof of the satisfactory determination. If it has been more than a year since the last fingerprint check and you change jobs, you will have to be fingerprinted again using the DHR application, etc.

HEARING PROCESS:

29) If I get an unsatisfactory determination what do I do? Or whom do I call?

If you receive an unsatisfactory determination, you will receive a letter from ORS, which lists the covered crimes that are causing you to receive an unsatisfactory criminal records check. You can appeal the unsatisfactory determination either because you were not convicted of the crimes that we show—or because you believe that despite having been convicted of the crimes, you should still be allowed to work in a personal care home. The letter explains how to request a hearing if you desire. General questions should be directed to the Personal Care Home Program at 404/657-4076.

30) If I appeal the unsatisfactory determination, can I continue to work while waiting for the hearing?

No. DHR has no authority under the law to allow you to continue working while you are waiting for your hearing. It is a misdemeanor for a PCH to allow an employee with a "covered crime" to continue working and having any contact with the residents while waiting for the hearing. Continuing to employ a person with an unsatisfactory criminal record check may result in the imposition of a sanction (for example, a civil penalty fine) by DHR against the personal care home.

31) How long does it take to get a hearing and a decision? Is there any way to speed the process up?

The time varies considerably. But you should plan on it taking at least 4 months and possibly longer. You can speed up the process by getting certified copies of the court records on the crimes you were charged with and that are the subject of the hearing. If you get these certified copies yourself and submit them to DHR, we can make the request to get the hearing scheduled sooner. If DHR requests the certified court records in writing, it can take a long time to get the court records back. DHR does not process your request for a hearing until the certified court records are received. You will be notified in writing by ORS when your hearing request has been sent to the Office of State Administrative Hearings.

32) Who actually schedules the hearings and how do I know when it has been scheduled?

The hearing is actually scheduled by the Office of State Administrative Hearings once they receive all the required records from us. The Office of State Administrative Hearings is a separate state agency. We have no control over when they schedule hearings. After you receive a copy of the letter from ORS telling you that the hearing request has been processed, the Office of State Administrative Hearings will schedule the hearing and send you notice of the hearing date in writing. Questions concerning the scheduling of the hearing may be directed to the Office of State Administrative Hearings at 404/657-2800.

COVERED CRIMES:

33) What are the crimes that will keep a person from working in a personal care home if the person has personal contact with any paying resident of the personal care home?

A covered crime for personal care homes is being arrested, charged or convicted of any of the following crimes:

- 1) AGGRAVATED ASSAULT, O.C.G.A. Section 16-5-21
- 2) AGGRAVATED BATTERY O.C.G.A. Section 16-5-24
- 3) RAPE O.C.G.A. Section 16-6-1
- 4) FELONY THEFT BY TAKING O.C.G.A. Section 16-8-2
- 5) FELONY THEFT BY DECEPTION O.C.G.A. Section 16-8-3
- 6) FELONY THEFT BY CONVERSION O.C.G.A. Section 16-8-4
- 7) FORGERY 1ST & 2ND DEGREE O.C.G.A. 16-9-1 & 16-9-2
- 8) MURDER & FELONY MURDER O.C.G.A. Section 16-5-1
- 9) CRIMINAL ATTEMPT AS IT CONCERNS ATTEMPTED MURDER, O.C.G.A. Section 16-4-1
- 10) ROBBERY O.C.G.A. Section 16-8-40
- 11) ARMED ROBBERY O.C.G.A. Section 16-8-41
- 12) CONTROLLED SUBSTANCES VIOLATIONS, O.C.G.A. Title 16, Chapter 13
- 13) BATTERY O.C.G.A. Section 16-5-23.1
- 14) SEXUAL ASSAULT AGAINST A PERSON IN CUSTODY O.C.G.A. Section 16-6-5.1
- 15) ABUSE, NEGLECT, OR EXPLOITATION OF DISABLED ADULT OR ELDER PERSON O.C.G.A. Section 30-5-8
- 16) ANY OTHER OFFENSE COMMITTED IN ANOTHER JURISDICTION, WHICH, IF COMMITTED IN THIS STATE, WOULD BE DEEMED A CRIME WITHOUT REGARD TO ITS DESIGNATION ELSEWHERE.

**INSTRUCTIONS FOR COMPLETING FINGERPRINT CARDS
PERSONAL CARE HOME**

1. Use only cards coded with (GA920290Z DHR REG SERVICE ATLANTA, GA) and the section REASON FINGERPRINTED should be pre-printed with:

Dept. of Human Resources
Office of Regulatory Services
O.C.G.A. 49-5-64
O.C.G.A. 31-7-254

Please complete two cards for the administrator and on-site manager with the following information.

- a. Your name, address and signature.
- b. Employer (personal care home) and address (personal care home).
- c. Your Social Security Number.
- d. Your sex, race, height, weight, and hair and eye color.

• Race should be entered as "B" for black, "W" for white and "O" for other.

Use the following codes for hair and eye color:

HAIR

EYES

BRO	BROWN	BRO	BROWN
BLK	BLACK	BLK	BLACK
RED	RED	HAZ	HAZEL
BLN	BLOND	GRN	GREEN
GRY	GRAY	BLU	BLUE
WHI	WHITE	GRY	GRAY
BAL	BALD	PINK	PINK

- e. Your date and place of birth.

- 1. Have your fingerprints taken by a local law enforcement official.
- 2. Be sure both fingerprint cards are dated and signed by the official taking the prints.
- 3. Submit a \$24.00 MONEY ORDER ONLY for each set of fingerprints made payable to the Georgia Bureau of Investigation.

Submit fingerprint cards, criminal records application and payment to:

Personal Care Home Program
2 Peachtree Street, N. W.
Suite 31.447

Atlanta, Georgia 30303-31670

1/22/2001

**Georgia Department of Human Resources
PERSONAL CARE HOME
RECORDS CHECK APPLICATION
(See Instructions on Back of Form)**

TO BE COMPLETED BY APPLICANT:

- 1. APPLICANT TYPE:** ☐ Director/Manager ☐ Employee

2. Print Full Name: _____

_____	_____	_____	_____	_____
Last,	First,	Middle	Maiden	Date of Birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Sex	Race	Social Security Number	Place of Birth	_____
_____	_____	_____	_____	_____
Height	Weight	Color of Eyes	Color of Hair	_____

Please PRINT clearly and include all information:

Applicant's Home Address	Street	City	State	Zip Code
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3. I hereby authorize the Department of Human Resources/Office of Regulatory Services to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. As required by Law, I have attached an affidavit disclosing the nature and date of any arrest, charge, and conviction for the violation of any law in any state, except for motor vehicle parking violations.

Notary Name _____ Notary Public: _____, Georgia <div style="text-align: center;">County Name</div>	Applicant's Signature _____ My Commission Expires: _____ <div style="text-align: center;">Date</div>
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TO BE COMPLETED BY MANAGER OF PERSONAL CARE HOME OR APPLICANT FOR PERMIT

4.

PRINT Name of Personal Care Home	PRINT Mailing Address
PRINT City/Zip Code	County Name

5. PERSONAL CARE HOME IDENTIFIED ABOVE (Check ONE)

- ☐ Is currently licensed.
- ☐ Is applying for an initial (new) license at the above address.

6. My Signature indicates that I as OWNER/MANAGER have verified the above information on the above applicant.

<u>PRINT</u> Name of Director/Manager	Date	Telephone of Personal Care Home
---------------------------------------	------	---------------------------------

Signature of Director/Manager

APPLICATION INSTRUCTIONS

Please use a ball point pen, press firmly and PRINT legibly.

1. Check the correct box that identifies the applicant.
2. Print your Full name, including Your MAIDEN name. DO NOT use INITIALS if you have a given name.
Print your Date of Birth.
Print either Male or Female.
Print your race: Black, White, Other.
Print your Social Security Number.
Print your Place of Birth: City or County, State and Country, if not USA.
Print your Height.
Print your Weight.
Print the Color of your Eyes, DO NOT abbreviate: Brown, Black, Grey, Blue, Green, Hazel.
Print the color of your Hair: DO NOT abbreviate: Brown, Black, Grey, Red, Blonde, Bald.
Print your Home Address.
3. ALL APPLICATIONS MUST BE NOTARIZED.
Read consent statement.
PRINT your full name.
Sign your name as you would on a bank check or business letter in front of Notary.

DIRECTOR/MANAGER WILL COMPLETE THE FOLLOWING:

4. — Indicate name of Personal Care Home as it appears on your permit or application.
Print the mailing address of the Personal Care Home.
Print the city/zip.
— Print the County.
5. Identify whether the personal care home has a current license or is applying for an initial (new) license.
6. Print name of director or manager. Print date. Print telephone number of Personal Care Home.
Director or Manager must sign his/her name as it would appear on a bank check or business letter.

FOR EMPLOYEES ONLY

7. Employee must take the completed form to the local police department and ask that they run a GCIC (Georgia Crime Information Center) check.
8. Employee should return the results of the GCIC check to the Director or Manager of the PCH for review and hiring decision.

FOR DIRECTORS OR MANAGERS (or for potential employee with multistate status or covered crime)

9. Enclose money order or checks as needed: \$3.00 check or money order made payable to DHR for each record check application submitted to the Department and \$24 MONEY ORDER ONLY made payable to the GBI for every two fingerprint cards submitted on the same person.
10. Enclose two completed fingerprint cards for Director/Manager; and for potential employee whose state criminal record check indicates multistate status or a covered crime and mail to:

Criminal Records Check, Office of Regulatory Services
2 Peachtree St., NW, Suite 32-415
Atlanta, GA 30303-3142

Georgia Department of Human Resources
Personal Care Home Program
COMPLIANCE SELF TEST

This list is enclosed to assist you in evaluating your home in terms of the Rules and Regulations for Personal Care Homes, Chapter 290-5-35. It is NOT an all-inclusive list but covers many areas in the rules. This is not intended to be part of your application package but to help you ensure that the facility meets the rules necessary to obtain a permit and is prepared for the initial inspection by Office of Regulatory Services staff.

Y--N

- ☐ ☐ 1. I understand that as the Governing Body, I am responsible for making sure the home is in compliance with all the rules and regulations at all times.
- ☐ ☐ 2. I have developed all required policies and procedures. All policies and procedures are appropriate to the size of the home and the resident population. Minimum policies and procedures include the following:
- ☐ ☐ a. How the home handles acts committed by staff or residents which are inconsistent with policies of the home.
- ☐ ☐ b. What personal services the home intends to provide.
- ☐ ☐ c. How the home will ensure that all staff receive work-related training within the first 60 days of employment.
- ☐ ☐ d. How the home handles admissions.
- ☐ ☐ e. How the home ensures that it does not admit and retain residents who need care that the home cannot provide.
- ☐ ☐ f. How the home handles refunds when a resident is transferred or discharged.
- ☐ ☐ g. House rules which at a minimum include policies on the use of tobacco and alcohol; the time and frequency of use of the telephone; visiting hours; volume for viewing and listening to television, radio and other audiovisual equipment; and the use of personal property.
- ☐ ☐ h. How the home guarantees the rights of all residents.
- ☐ ☐ i. How the home handles supervision of self-administered medications.
- ☐ ☐ j. How the home handles, investigates and reports accidents, injuries and changes in a resident's condition, including death.
- ☒ ☐ k. How the home handles discharges and immediate transfers of residents.
- ☐ ☐ 3. The home has developed a written disaster preparedness plan.
- ☒ ☐ 4. The home has a currently listed telephone number and a non-pay working telephone that is accessible at all times for emergency use by staff.
- ☐ ☐ 5. The home meets the following physical plant requirements:
- ☐ ☐ a. The home is structurally sound and safe for occupancy, uncluttered, orderly, clean, and presents no hazard or risk to residents.
- ☐ ☐ b. Windows and doors used for ventilation have screens that are in good repair.
- ☐ ☐ c. The home has installed supportive devices such as handrails and grab bars.
- ☐ ☐ d. The home has laundering facilities on the premises.
- ☐ ☐ e. Floor coverings do not present a tripping hazard.
- ☐ ☐ f. Furnishings are kept clean and in safe, usable condition.
- ☐ ☐ g. All areas are well lighted and the home provides all light bulbs.
- ☐ ☐ h. The home has an adequate heating/cooling system to ensure that temperatures are maintained at 70-80 degrees Fahrenheit year round.
- ☐ ☐ i. The home and grounds are kept clean and free of rodents, flies, vermin, nuisances, hazards, refuse and litter.
- ☐ ☐ j. The home has a working doorbell or door knocker.
- ☐ ☐ k. The house number or name is easily visible from the street.

- ☐ ☐ 6. The home meets the following requirements for the living and dining area(s):
- ☐ ☐ a. There is at least one centrally located living room for the free access and informal use of the residents.
 - ☐ ☐ b. The living room(s) is large enough to accommodate residents without crowding.
 - ☐ ☐ c. The home has an area for use by residents and visitors which affords privacy.
 - ☐ ☐ d. At least one current calendar and working clock is located in a common living area of the home.
 - ☐ ☐ e. There is a comfortable dining area adequate in size for the number of residents.
- ☐ ☐ 7. The home has a means of providing locked storage for any residents' valuables or personal belongings when requested.
- ☐ ☐ 8. All bedrooms meet the following requirements:
- ☐ ☐ a. Sleeping areas adjoin living areas of the home.
 - ☐ ☐ b. Bedrooms provide at least 80 square feet of usable floor space per resident.
 - ☐ ☐ c. Bedrooms have at least one-half of the room height above ground level.
 - ☐ ☐ d. There are no more than four residents per bedroom.
 - ☐ ☐ e. Bedrooms have at least one window opening easily to the outside.
 - ☐ ☐ f. Bedrooms are well ventilated and maintained at a comfortable temperature.
 - ☐ ☐ g. Family members, staff and residents each have their own separate designated bedrooms.
 - ☐ ☐ h. Duplicate keys are available to the resident and staff for any residents in single-occupancy bedrooms.
- ☐ ☐ 9. Bathrooms meet the following requirements:
- ☐ ☐ a. At least one functional toilet and lavatory is provided for each four residents.
 - ☐ ☐ b. At least one functional bathing or showering facility is provided for each eight residents.
 - ☐ ☐ c. Additional toilets and/or lavatories are available for any family members, staff or others.
 - ☐ ☐ d. Each bathroom has either forced ventilation to the outside or a window that opens easily.
 - ☐ ☐ e. Bathrooms are functional, clean, and sanitized daily.
- ☐ ☐ 10. Each resident bedroom has the following:
- ☐ ☐ a. An adequate closet or wardrobe,
 - ☐ ☐ b. Sufficient light for reading,
 - ☐ ☐ c. A bureau or dresser,
 - ☐ ☐ d. At least one chair with arms per resident,
 - ☐ ☐ e. A mirror appropriate for grooming,
 - ☐ ☐ f. An individual bed with comfortable springs and mattress,
 - ☐ ☐ g. Bedding for each resident.
- ☐ ☐ 11. The home has a provision to allow residents to personalize their bedrooms with the use of their own furniture, pictures, etc.
- ☐ ☐ 12. The home meets the following safety requirements:
- ☐ ☐ a. At least one charged 10 lb. Multipurpose ABC fire extinguisher is available on each floor and in the basement.
 - ☐ ☐ b. The home has sufficient smoke detectors that are hard wired to the home's electrical system and have a battery back-up.
 - ☐ ☐ c. The home does not have exterior doors that require the use of a key to exit from the inside.
 - ☐ ☐ d. Poisons, caustics and other dangerous materials are properly stored and safeguarded.
 - ☐ ☐ e. Hot water temperatures do not exceed 110 degrees Fahrenheit at the point of use by residents.
- ☐ ☐ 13. Trash is removed at least daily from the kitchen and at least weekly from the premises.
- ☐ ☐ 14. I have documentation available to show that pets have current inoculations.
- ☐ ☐ 15. First aid materials are available for use.

- ☐ ☐ 16. Soap is provided at each sink and toilet tissue at each commode.
- ☐ ☐ 17. Activities are provided to promote the physical, mental and social well-being of each resident.
- ☐ ☐ 18. I understand that I cannot restrict a resident's access to the common areas of the home or lock the resident into or out of the resident's bedroom.
- ☐ ☐ 19. I will ensure that sufficient staff is available at all times to evacuate the residents in case of an emergency and to provide assistance with activities of daily living as needed.
- a. At a minimum, one staff per fifteen residents is available from 7 a.m. to 8 p.m.
- b. At a minimum, one staff per twenty-five residents is available from 8 p.m. to 7 a.m.
- ☐ ☐ 20. I have a monthly work schedule for all employees, including relief workers. The schedule shows adequate coverage for the resident population.
- ☐ ☐ 21. The administrator, on-site manager and all responsible staff persons are at least 21 years of age.
- ☐ ☐ 22. Staff has been assigned duties consistent with their position, training and experience.
- ☐ ☐ 23. At least one staff person having completed the minimum training requirements is in the home at all times.
- ☐ ☐ 24. A personnel file is maintained in the home for each employee and contains the following:
- ☐ ☐ a. Evidence of a satisfactory fingerprint record check determination from the Department for administrators and on-site managers.
- ☐ ☐ b. Evidence of a satisfactory criminal records check determination from the Department for all staff.
- ☐ ☐ c. Physician's report and evidence of TB screening.
- ☐ ☐ d. Evidence of current certification in CPR and first aid and evidence of training in emergency evacuation procedures, medical and social needs and characteristics of the resident population, residents' rights, and the long term care abuse reporting act.
- ☐ ☐ e. Evidence of 16 hours of continuing education yearly.
- ☐ ☐ f. Employment history.
- ☐ ☐ 25. A written admission agreement has been developed which contains the following:
- ☐ ☐ a. A current statement of all fees and charges and services to be provided.
- ☒ ☐ b. A provision for 60 days written notice prior to changes in services or charges.
- ☐ ☐ c. Provisions for the continuous assessment of residents' needs and referral for appropriate services if required.
- ☐ ☐ d. Provision for transportation, including emergency transportation.
- ☐ ☐ e. The home's refund policy.
- ☐ ☐ f. A statement related to the performance of services for the home.
- ☐ ☐ g. House rules.
- ☐ ☐ h. Designation of responsibility for initial acquisition and refilling of medications.
- ☐ ☐ 26. Resident files will be maintained for three years after the resident's discharge and contain the following information at a minimum:
- ☐ ☐ a. Identifying information.
- ☐ ☐ b. Next of kin, legal guardian, representative payee, etc.
- ☐ ☐ c. Persons or agencies providing additional services.
- ☐ ☐ d. Date of admission, prior residence, referral source, etc.
- ☐ ☐ e. Date of discharge, where discharged to, phone number.
- ☐ ☐ f. Physician and pharmacy name, address, phone number.
- ☐ ☐ g. Record of all monetary transactions.
- ☐ ☐ h. Record of all monies and valuables entrusted to the home for safekeeping.
- ☐ ☐ i. Health information including physical exam and TB screening.

- ☐ ☐ j. Personal items inventory.
 - ☐ ☐ k. Signed copy of residents rights form.
 - ☐ ☐ l. Signed copy of the admission agreement.
 - ☐ ☐ m. Copies of any power of attorney or document issued by a court or Social Security Administration.
 - ☐ ☐ n. Copy of the resident's living will and/or durable power of attorney for health care.
 - ☐ ☐ o. Documentation of or waiver of personal need allowance.
 - ☐ ☐ p. Physician's statement related to staff trained to administer insulin.
 - ☐ ☐ q. Copies of all incident reports.
- ☒ ☐ 27. I understand residents rights and acknowledge that these rights cannot be waived.
- ☐ ☐ 28. The home stores medications under lock and key.
- ☐ ☐ 29. I keep a record to document assistance with medications as provided by staff.
30. The home meets the following requirements for nutrition and food service:
- ☐ ☐ a. I provide three nutritious meals and two nutritious snacks each day.
 - ☐ ☐ b. The temperature of each refrigerator is 41 degrees Fahrenheit or below.
 - ☐ ☐ c. The temperature of each freezer is 0 degrees Fahrenheit or below.
 - ☐ ☐ d. Menus that have been developed are nutritionally adequate and are maintained for 30 days.
 - ☐ ☐ e. I have a three day supply of non-perishable foods for emergency needs.
- ☐ ☐ 31. I keep incident reports in a central file as well as each resident's file.
32. I have posted the following items in my facility:
- ☐ ☐ a. Evacuation Plan on each floor.
 - ☐ ☐ b. Copy of House Rules.
 - ☐ ☐ c. Menu 24 hours prior to serving of the meal.
 - ☐ ☐ d. Most recent inspection report.
 - ☐ ☐ e. Permit to operate a Personal Care Home issued by ORS.
 - ☐ ☐ f. Ombudsman Poster
33. The home has met the following requirements for inspections:
- ☐ ☐ a. The home has been inspected by the appropriate fire department and has no outstanding fire safety violations.
 - ☒ ☐ b. A Georgia licensed electrician has inspected the home within six months of the application date and found no electrical hazards.
 - ☐ ☐ c. Water supply and sewage disposal systems that are not part of an approved county or city system have been approved by the county public health department.
- ☐ ☐ 34. The home has met all local requirements. Local requirements vary and may include the following: business license, zoning approval, etc.
- ☐ ☐ 35. I understand that I and all staff must report suspected abuse, neglect or exploitation to the Office of Regulatory Services in accordance with the Long-Term Care Abuse Reporting Act.
- ☐ ☐ 36. I understand that as a licensed facility, my home will be subject to unannounced inspection visits and that I will cooperate with any investigation.
37. FOR FACILITIES WITH MORE THAN 24 RESIDENTS:
- ☐ ☐ a. A certificate of need has been obtained from the State Health Planning Agency.
 - ☐ ☐ b. A food service permit has been obtained from the county public health department.